MONTANA
Department of Public Health & Human Services

INTRODUCTION

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Federally Qualified Health Centers

- **Required to accept all patients**
- **Patients pay based on ability to pay via sliding fee schedule**

Federally Qualified Health Centers (FQHC)

- **Two types of providers that may qualify for the program. Those who receive federal grants under the Public Health Service Act, Section 330, which include Community Health Centers (CHC), Migrant Health Centers and Health Care for the Homeless programs.**
- **Those meeting all requirements under Section 330 but do not actually receive federal funding assistance. To receive FQHC status a provider must apply. FQHC "Lookalike" CMS makes that determination.**
- **Health programs or facilities operated by a tribe or tribal organization under the Indian Self-Determination Act or by Urban Indian organizations receiving funds under the Indian Health Care Improvement Act may also qualify for the program.**

Visits

- **"Visit" means a face-to-face encounter between a clinic or center patient and a clinic or center health professional for the purpose of providing FQHC core or other ambulatory services to U.S. Citizen or Qualified Alien**
- **Encounters that take place on the same day and at a single location constitute a single visit.**

  (with more than one clinic or center health professional; or multiple encounters with the same clinic or center health professionals).

Core Providers/Billable Visits

- **Physician services**
- **Nurse practitioner, nurse specialist, certified nurse midwife or physician's assistant services**
- **Clinical psychologist, clinical social worker, and licensed professional counselor services**
- **Dentist services**
- **Visiting nurse services**

Multiple Visits

- **Each additional encounter with clinic or center health professionals that takes place on the same day as a medical visit to the same clinic or center constitutes an additional visit if, after the first encounter:**
- **(a) the patient suffers an additional illness or injury requiring additional diagnosis or treatment;**
- **(b) the patient has a mental health visit consisting of one or more mental health encounters; or**
- **(c) the patient has a dental visit consisting of one or more dental encounters.**
- **SEND IN TO THE DEPARTMENT TO REVIEW!!!**

Other Billable Visits

- **Licensed Dental hygienist services**
- **Preventative primary services (by RN or core provider), including:**
- **(a) Perinatal care for high-risk patients**
- **(b) Tuberculosis testing for high-risk patient**
- **(c) Risk assessment and initial counseling regarding risks**

Revenue Codes

- 512 Dental
- 521 Clinic Visit

  522 Home Visit
- 524 Visit – SNF

  525 Visit – SNF, NF, ICF
- 527 Visiting Nurse – Health Shortage
- 528 Non FQHC – Accident
- 900 Mental Health

Unbillable Visits

- **Services performed by non-core providers and not listed as other billable visits**
- **Services performed by core providers that non-core providers typically perform**
- **Please note the services listed above (although unbillable) go into the calculation of your all-inclusive billable per visit rate.**
- **Services performed in a hospital (unbundle and bill on a CMS-1500)**
- **Group or mass information programs**

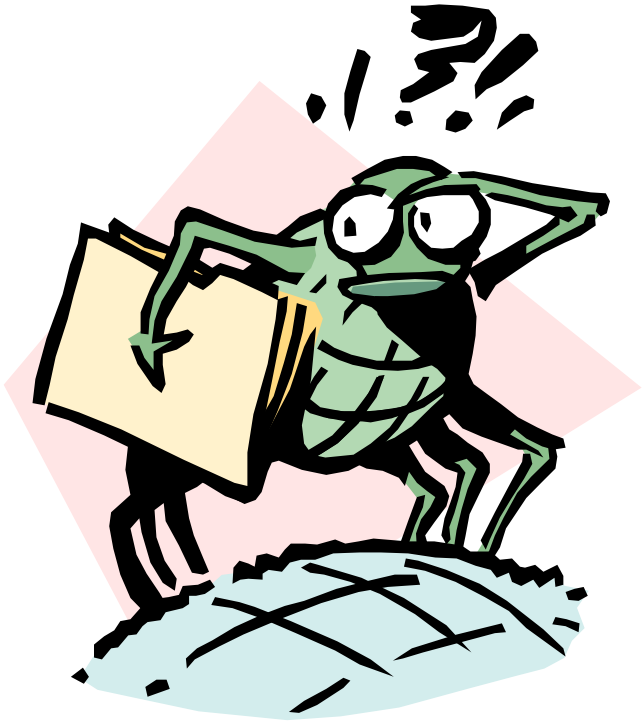
Non-Covered Services

- Acupuncture
- Chiropractic services
- Dietician/nutritional services
- Dietary supplements
- Experimental and investigational services
- Infertility services
- Massage services
- Naturopath services
- Services that are not medically necessary

UB-04 Claim Example

- **Differences:**
  - **Type of Bill**
    - **711 RHC**
    - **731 RHC**
    - **731, 791 FQHC**
  - **Taxonomy**
    - **261QR1300X RHC**
    - **261QF0400X FQHC**

Questions???



ESRD Clinic Services

- **Medicare Improvements for Patients and Providers Act (MIPPA) requires bundled payment system for ESRD services**
- **Provider type 52 – dialysis clinic**
- **Payment based on these Revenue Codes:**
  - **821 – home hemodialysis**
  - **831 – home peritoneal dialysis**
  - **841 – continuous ambulatory peritoneal dialysis (CAPD)**
  - **851 – continuous cycler-assisted peritoneal dialysis (CCPD)**

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ESRD Clinic Services (continued)

- **Each code may only be billed once per day per client. Rate is $262.00 (same rate for each code)**
- **Projected start date: November 1, 2011**
- **Cost share remains the same at $5.00 dollars per visit.**
- **No changes made to outpatient crossover claims.**
- **Contact: John Hein, ESRD Program Officer**
  406-444-4349 jhein@mt.gov

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Present on Admission (POA)

July 15, 2011

Provider notice posted on Medicaid website stating the POA indicator of “1” used to report “exempt from POA reporting” would no longer be valid on claims submitted under the new HIPAA 5010 format effective January 1, 2012. Facilities would need to populate the field that use to be reported with “1” with one of the other four POA indicators (Y, N, U, or W)

February 9, 2012

- **Provider Notice posted regarding Present on Admission (POA) value of space for diagnosis code exempt from POA reporting**.
- The value of space is only allowed on inpatient claims in the HIPAA 5010 format or on paper/OCR claims submitted on or after 1/1/2012.
- A value of space on inpatient electronic claims submitted in the HIPAA 4010 format or paper/OCR claims prior to 1/1/2012, will cause the claim to deny since the value of 1 – exempt from reporting was allowed.
- The Department plans to adjust claims that previously denied in error within the next few weeks.

March 2012

Claims submitted on or before January 1, 2012 that previously denied in error due to the Montana Medicaid system were adjusted on March 12, 2012.

Prior Authorization (PA)

Prior authorization (PA) may be required before certain services are paid by Medicaid.

- Refer to the Montana Medicaid fee schedules to see what services require PA
- The referring provider should initiate all authorization requests
- PA must be obtained before any client receives services.
- PA is not required for emergency services.
- When a PA is granted, providers will receive notification containing a PA number. This number must be on the claim form.

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Prior Authorization Contact Information

Mountain Pacific Quality Health

3404 Cooney Drive

Helena, MT 59602

(406) 443-4020 X5850 Phone

(406) 443-4585 Fax

Partial Eligibility

- Inpatient Prospective Payment System hospital stays for clients with partial eligibility must bill for the entire length of stay
- Critical Access Hospital stays for clients with partial eligibility must only bill for the time the client was Medicaid eligible

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340B Drug Pricing Program

Spring Provider Fair

May 16, 2012

Presented by

Rey Busch, Hospital and Clinic Services

340B Background Information

Veterans Health Care Act of 1992

- Public Law 102-585, Sections 601-603
- Limits participation to federal grantees, FQHC look-alikes, and qualified DSH hospitals
- “Significant savings” over AWP (20-40% avg.)
- Established the Prime Vendor Program
- Excluded cost-based reimbursed entities (CAH)
- Prohibits “double billing,” or “duplicate discount”

340B Background Information (cont.)

Affordable Care Act

- Effective March 23, 2010
- Expanded the list of Eligible Entities to include CAHs and Sole Community Hospitals
- Offered a “rolling enrollment period” from 8/2/2010 – 9/30/2010
- Discounted pricing (average 20-50%) of AWP
- Approx. 2,800 drugs available through 340B

"Carving Out" Medicaid Clients

- When a qualified 340B entity is NOT using 340B-purchased drugs for their Medicaid clients, the entity is "carving out" Medicaid clients from their 340B program.
- The Medicaid Exclusion File lists 340B entities and their NPI(s) that have reported to OPA that they intend to fill Medicaid prescriptions with 340B-purchased drugs.

Prime Vendor Program

- Provides discounts on outpatient drug purchases and other pharmacy related products and services to 340B entities.
- Must be a qualified 340B entity to enroll.
- Visit the Prime Vendor Website:

www.340Bpvp.com

Orphan Drugs

- Pharmaceutical developed specifically to treat a rare medical condition.
- Orphan Drug Act (ODA) of January 1983, was enacted to encourage pharmaceutical companies to develop drugs for diseases that have a small market.
- Orphan drugs do not qualify for 340B status.
- To view the Orphan Drug List, visit the Food and Drug Administration's website:

www.fda.gov

Participation

Disproportionate Share Hospital

- Medicare disproportionate share adjustment percentage greater than 11.75%
- Facility may be publicly or privately owned, but must be non-profit
- Must have a signed agreement with Medicaid to serve low income individuals
- Must be approved for 340B participation by the Health Resources and Services Administration (HRSA)
- Must be registered with Office of Pharmacy Affairs (OPA)
- May “carve out” Medicaid clients

Participation (cont.)

Critical Access Hospital

- Must be certified by CMS as a Critical Access Hospital
- Must be approved for 340B participation by the Health Resources and Services Administration (HRSA)
- Must register with Office of Pharmacy Affairs(OPA)
- Must have a signed agreement with Medicaid to provide services to low income individuals
- May "carve out" Medicaid clients
- RHCs owned/operated by a CAH have been approved

Participation (cont.)

Sole Community Hospital

- Approved Designation by CMS (42 CFR 412.92)
- Located more than 35 miles from like facility
- Located in a rural area (42 CFR 412.64) and meets one of the following:
  - Not more than 25% of residents or 25% of Medicare beneficiaries are admitted to like facilities located within a 35 mile radius
  - Fewer than 50 beds
  - Topography/severe weather renders like hospital inaccessible for at least 30 days in each 2 out of 3 yrs.

Participation (cont.)

Sole Community Hospital

- Located 15-25 miles from similar facility, but topography/severe weather makes like facility inaccessible for at least 30 days in 2 out of 3 yrs.
- Travel time to nearest like hospital is at least 45 minutes away
- Must be approved for 340B participation by HRSA
- Must be registered with OPA
- Must have a signed agreement with Medicaid to serve low income individuals
- May “carve out” Medicaid clients

Additional Requirements

For CAHs, Sole Community Hospitals, and Disproportionate Share Hospitals

- Copies of approved enrollment submitted to Medicaid
- Outpatient only, implementation of a “tracking system” to prevent inpatient use
- **Do not** submit NDCs
- Bill actual acquisition cost
- Maintain auditable purchasing/dispensing records

Frequently Asked Questions

- Can non-Medicaid clients receive 340B pharmaceuticals from a qualified 340B provider?

✓ Yes – if the client meets the CMS definition of "patient"

- 340B provider maintains the client's health records
- Services are rendered by a health care professional either employed or contracted with the 340B provider
- Services must be consistent with approved CMS scope of service for the facility

Frequently Asked Questions

- Unknown client has a prescription written by an out of state provider. Can the 340B qualified entity fill the prescription?
- ✓ Only if the unknown client meets the CMS definition of “patient”
  - Does the 340B approved entity maintain the unknown client’s health records?

Frequently Asked Questions

- Our facility has just qualified as a 340B entity. Can we offer 340B pharmaceuticals to our employees?

✓ Only if the employee(s) meet the CMS definition of a "patient".

- Do employees seek medical services from the 340B entity?
- Does the 340B entity keep health care records on these employees?
- Do employees seek services from a health care professional either employed or contracted by the 340B entity?
- Are the services provided within the facility's scope of service?

Frequently Asked Questions

How does a qualified 340B provider disenroll from the 340B program?

- Provider must send a letter to the Office of Pharmacy Affairs (OPA) requesting disenrollment.
- OPA will send an approval to disenroll with an effective date.
- No penalty for disenrollment.

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340B Websites

Health Resources and Services Administration

www.hrsa.gov

Office of Pharmacy Affairs

www.hrsa.gov/opa

Pharmacy Services Support Center

PSSC@aphanet.org

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Hospital Bureau Contacts

- Brett Williams, **Bureau Chief;** *bwilliams@mt.gov*; (406) 444-3634
- Vacant, **Analyst**
- Kathi Salome, **Claims Specialist,** *ksalome@mt.gov*; (406) 444-7002
- John Hein, **ASC/IHS/ESRD Program Officer**; jhein@mt.gov; (406) 444-4349
- Rey Busch, **CAH/RHC Program Officer;** *rbusch2@mt.gov*; (406) 444-4834
- Jennifer Wilhoit, **PPS Hospital Program Officer;** jwilhoit@*mt.gov*; (406) 444-7018
- Mary Patrick**, Hospital Case Manager;** *mpatrick@mt.gov*; (406) 444-2584
- Thom Warsinski, **Auditor;** twarsinski@mt.gov; (406) 444-2850

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